

# SOME SECRETS SHOULD BE SHARED

*Sometimes  
I feel the  
world would  
be better off  
without me.*

*I wish I  
wasn't here  
anymore*

**SOS Signs of Suicide® and Signs of Self-Injury  
Prevention Programs for Middle and High Schools**

*Practical risk management tools to assess, prevent  
and teach youth how to respond to signs of suicide  
and non-suicidal self-injury.*



## SOS SIGNS OF SUICIDE PROGRAMS

In a randomized controlled study, the SOS high school program showed a reduction in self-reported suicide attempts by 40%.

*(BMC Public Health, July 2007).*

Suicide is the third-leading cause of death for 11 to 18-year-olds in the United States (CDC). Fortunately, the emotional crises that often precede suicide are both recognizable and treatable. The SOS Signs of Suicide programs teach students the warning signs of depression and suicide and encourage help-seeking through the use of the ACT® technique (**Acknowledge, Care, Tell**). Acknowledge how your friend is feeling, don't ignore threats. Let your friend know you Care about how he/she is feeling. Tell a trusted adult that you are worried about your friend.

The SOS programs are designed to be implemented in one class period. The main teaching tool is an educational DVD that uses acted vignettes of adolescents modeling the ACT technique. Each DVD also includes real-life stories from youth whose lives have been affected by depression and suicide. A comprehensive discussion guide accompanies the DVD and includes several talking points for each message addressed. The goal is to facilitate an open discussion with students about depression and suicide. All of the SOS kits include materials for 300 students and their parents.

### Trainings Available

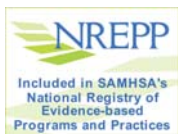
Gain insight and knowledge on how to effectively implement prevention programs. Call 781-239-0071 for details.

## SOS SIGNS OF SUICIDE® HIGH SCHOOL KIT

Kit materials include: educational materials, depression screening forms, parent resources and promotional materials

**NEW!** DVD and Discussion Guide: *Friends for Life: Preventing Teen Suicide* is completely updated. The DVD features vignettes, real-life stories and counselor insights that illustrate how depression and suicidality can present in teens, and how best to intervene.

**NEW!** Implementation Guide: Revised to include a new section addressing lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth issues.



*Listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices.*

## SOS SIGNS OF SUICIDE MIDDLE SCHOOL KIT

Kit materials include: implementation guide, educational DVD and discussion guide, parent resources, educational materials and promotional materials

The SOS Middle School Program is listed in Section III of the SPRC/AFSP Best Practices Registry for Suicide Prevention (BPR).

## SOS DOWNLOADABLE RENEWAL KIT

For previously registered sites only. Access to electronic versions of the program materials through our website. Available for both high school and middle school programs.

*Note: Educational DVD is NOT available with the Renewal Kit*



Screening for Mental Health is a 501(c)3 organization

## SOS SIGNS OF SUICIDE BOOSTER PROGRAM

The Booster program is a refresher course of the SOS program designed for juniors and seniors preparing for life beyond high school. By focusing on maintaining good mental health through life's transitions, students get familiar with college and community-based mental health services. The program "graduates" the ACT message by replacing the Tell in the ACT technique—Acknowledge, Care, Tell— with *Treatment*—help the person you are concerned about get into treatment.

## SOS BOOSTER KIT

Kit materials include: implementation guide, award-winning educational DVD and discussion guide, depression screening forms, educational materials, parent resources and promotional materials

## SIGNS OF SELF-INJURY PREVENTION PROGRAM

Self-injury is a maladaptive behavior where one deliberately harms their body, usually without suicidal intent, in order to reduce psychological distress. Over 80% of school counselors reported working with a self-injurer during their career.

The Signs of Self-Injury program uses the same model as the award-winning SOS program to raise awareness of self-injury among high school aged youth. The program teaches students to recognize the signs of self-injury, in either themselves or in a friend, and to respond effectively using the ACT (Acknowledge, Care, Tell) technique.

## SIGNS OF SELF-INJURY KIT

Includes materials designed for use by high school students, parents and school staff. The program can be adapted to many educational and clinical environments serving adolescents. Kit materials include: implementation guide, DVD with discussion guide and educational materials.

# REGISTRATION FORM

Return completed registration form with fee to:

Screening for Mental Health, Inc., P.O. Box 984001, Boston, MA 02298-4001  
Phone: 781-239-0071 | Fax: 781-431-7447 | Email: Youth@MentalHealthScreening.org  
To register online, visit us at: [www.mentalhealthscreening.org/youth](http://www.mentalhealthscreening.org/youth)

## MY CONTACT INFORMATION *(Use one form per school):*

Contact Name: \_\_\_\_\_

School/Organization Name: \_\_\_\_\_

Street (UPS will not ship to P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_

## ORDER INFORMATION

### High School Materials:

- ☐ SOS HS Kit - \$375
- ☐ SOS Downloadable Renewal Kit - \$95 (for previously registered schools only)
- ☐ SOS Booster Kit - \$200
- ☐ Signs of Self-Injury Kit - \$150

### Middle School Materials:

- ☐ SOS MS Kit - \$375
- ☐ SOS Downloadable Renewal Kit - \$95 (for previously registered schools only)

## PAYMENT INFORMATION

Check enclosed—Check #: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

*All checks made payable to Screening for Mental Health, Inc.*

*Please write "Youth" in the memo field of your check.*

*(Tax ID# 04-3221069)*

☐ American Express    ☐ Discover    ☐ MasterCard    ☐ Visa

Name as it appears on card: \_\_\_\_\_

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_